MISSOURI DEPT. OF REVENUE EMPLOYER'S RETURN OF INCOME TAXES WITHHELD MO TAX ID NUMBER FORM MO-941 (REV. 11-2001) FOR TAX PERIOD (CC.YY.MM)	Withholding This Period Compensation Deduction Previous Overpay/ Payments	\$ \$ \$	0 0
FEIN (CC, YT, IVINI)	4. Balance Due	\$	0 0
BUSINESS NAME	5. Additions to Tax (see Instructions)	\$	0 0
OWNER'S NAME	6. Interest (see Instructions)	\$	0 0
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)	7. Total Amount Due (U.S. funds only)	¢	0 0
I have direct control, supervision, or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate, and complete return.		*	
AUTHORIZED SIGNATURE DATE	DOR USE ONLY	*	
MAIL REMITTANCE AND RETURN TO: Missouri Department of Revenue, P.O. Box 999, Jefferson City, Missouri 65108-0999.	_	*	•

MO 860-1120 (11-2001) (1895)

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